

- If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
- This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

© 2018 continued® No part of the materials available through the continued.com site may be copied, photocopied, reproduced, translated or reduced to any electronic medium or machine-readable form, in whole or in part, without prior written consent of continued.com, LLC. Any other reproduction in any form without such written permission is prohibited. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of continued.com, LLC. Users must not access or use for any commercial purposes any part of the site or any services or materials available through the site.

Technical issues with the Recording?

- Clear browser cache using [these instructions](#)
- Switch to another browser
- Use a hardwired Internet connection
- Restart your computer/device

Still having issues?

- Call 800-242-5183 (M-F, 8 AM-8 PM ET)
- Email customerservice@SpeechPathology.com



online continuing education for the life of your career

Skilled Nursing Facility and Medicare Part A Patient Driven Payment Model

Renee Kinder, MS, CCC-SLP, RAC-CT

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com



Need assistance or technical support?

- Call 800-242-5183
- Email customerservice@SpeechPathology.com
- Use the Q&A pod





How to earn CEUs

- Must be logged in for full time requirement
- Log in to your account and go to Pending Courses
- Must pass 10-question multiple-choice exam with a score of **80%** or higher
 - Within **7 days** for live webinar; within **30 days** of registration for recorded/text/podcast formats
- Two opportunities to pass the exam



Skilled Nursing Facility and Medicare Part A Patient Driven Payment Model

Renee Kinder, MS, CCC-SLP, RAC-CT
SpeechPathology.com
November 13th 2018

Learner Outcomes

After this course, participants will be able to:

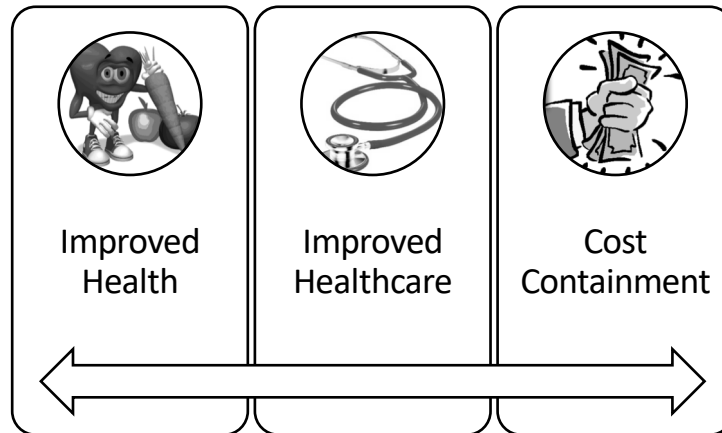
- Explain the background and reason for the development of the PDPM model.
- Describe the specific case mix indexes that make up the PDPM model.
- Define the speech-language specific case mix criteria and methods for collaborative coding to promote accuracy

5



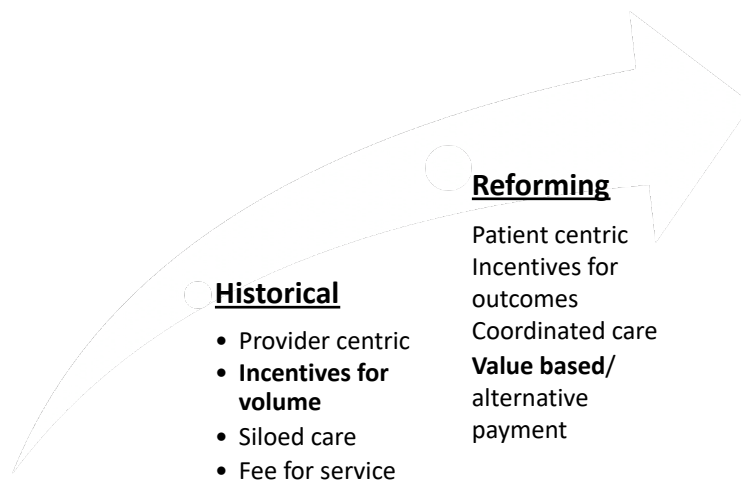
6

Health Care Reform

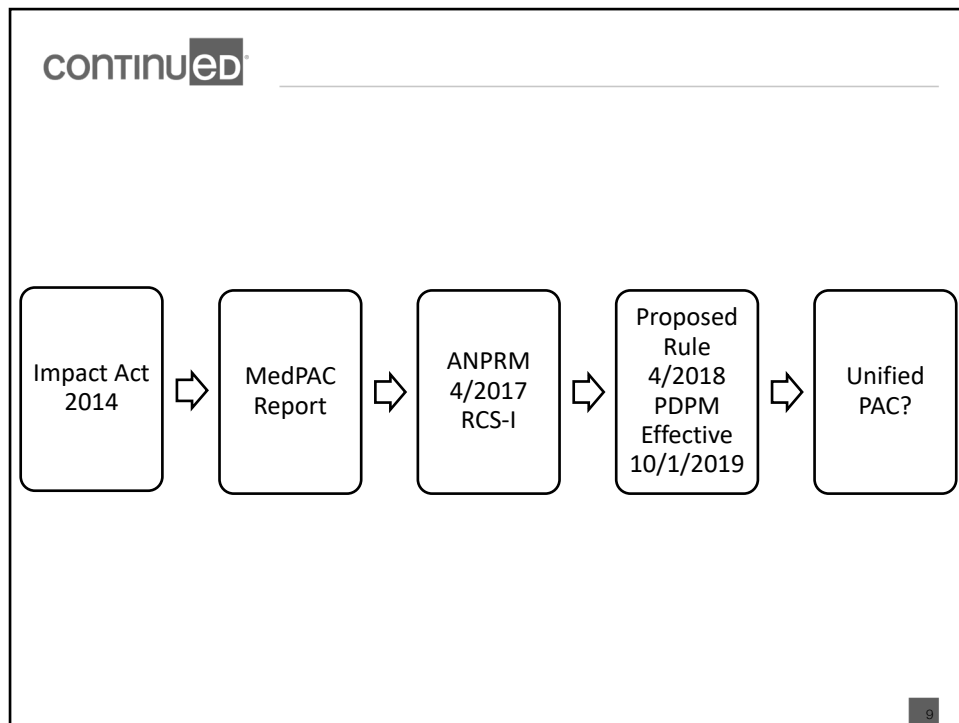


7

Health Care Paradigm Shift



8



continued

Patient Driven Payment Model
(PDPM) Effective Date
10/1/2019

10



Under PDPM Skilled Nursing Facility Level of Care Definition Will NOT Change

- Care in a SNF is covered if all of the following four factors are met:
 - The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel (see §§30.2 - 30.4); are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services;
 - The patient requires these skilled services on a daily basis (see §30.6); and
 - As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF. (See §30.7.)
 - The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

11



Under PDPM Quality and Survey Expectations Will NOT Change

- New Survey Process secondary to Phase II Requirements of Participation went into effect 11.28.2017
- Short and Long Stay Quality Measures are still in place
- Quality Reporting Program
- Value Based Purchasing
- 5 Star Rating System

12



Approved QRP Measures: Data Collection Beginning Oct. 1, 2018

- Data collection Oct 1-Dec 31, 2018 impacts FY 2020 annual payment update
- SNFs that do not submit the required measure data may receive a 2% REDUCTION to their annual payment update for the applicable payment year
 - 80% of assessments have 100% of the data
 - Drug Regimen Review
 - Changes in skin integrity post acute care: pressure ulcer/injury
 - **Change in Self Care Score**
 - **Change in Mobility Score**
 - **Discharge Self Care Score**
 - **Discharge Mobility Score**

13



Change in Self Care Score

- This quality measure estimates the risk-adjusted mean change in self-care score between admission and discharge for SNF Part A residents discharged from a SNF.
- The denominator is the number of SNF Medicare Part A resident stays, except those that meet the exclusion criteria
- The measure does not have a simple form for the numerator. This measure estimates the risk-adjusted change in self-care score between admission and discharge among SNF Medicare Part A residents, except those that meet the exclusion criteria. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score
- For this quality measure, the following functional activities are assessed at the time of admission and at discharge:
 - GG0130A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
 - GG0130B. **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
 - GG0130C. **Toilet hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
 - GG0130E. **Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
 - GG0130F. **Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
 - GG0130G. **Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
 - GG0130H. **Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

14

- This quality measure estimates the average risk-adjusted mean change in mobility score between admission and discharge for Medicare Part A residents discharged from a SNF.
- The denominator is the number of SNF Medicare Part A resident stays, except those that meet the exclusion criteria
- The measure does not have a simple form for the numerator. This measure estimates the risk-adjusted change in mobility score between admission and discharge among SNF Medicare Part A residents, except those that meet the exclusion criteria. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.
- For the quality measure, the following functional activities are assessed at the time of admission and discharge:
 - GG0170A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back on the bed.
 - GG0170B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
 - GG0170C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.
 - GG0170D. Sit to stand: The ability to come to a standing position from a position of sitting in a chair, wheelchair or on the side of the bed.
 - GG0170E. Chair/bed-to-chair transfer: The ability to transfer to and from a chair (or wheelchair).
 - GG0170F. Toilet transfer: The ability to get on and off a toilet or commode.
 - GG0170G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
 - GG0170I. Walk 10 feet: Once standing, the ability to walk at least 10 feet (3 meters) in room, corridor, or similar space.
 - GG0170J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
 - GG0170K. Walk 150 feet: Once standing, the ability to walk at least 150 feet (45 meters) in corridor or similar space.
 - GG0170L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
 - GG0170M. 1 step (curb): The ability to step over a curb and/or up and down one step
 - GG0170N. 4 steps: The ability to go up and down four steps with or without a rail.
 - GG0170P. 12 steps: The ability to go up and down 12 steps with or without a rail.
 - GG0170O. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor

15

Goals of PDPM

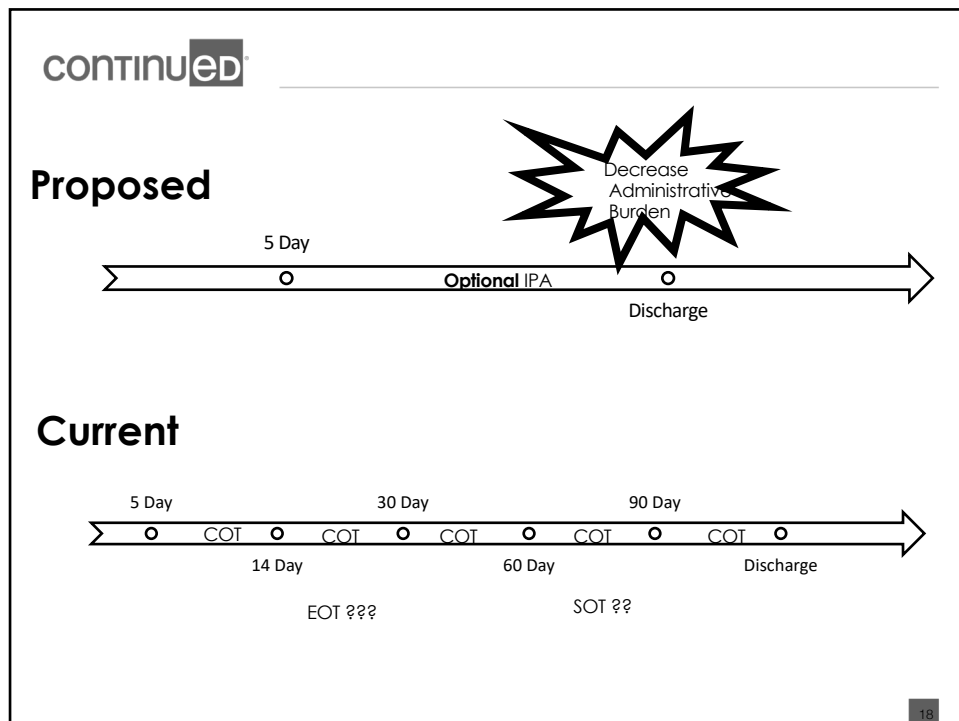
- Based heavily on data analytics
- Derive payment from verifiable patient characteristics.
- Remove service based metrics (e.g. therapy minutes) as determinant of payment
- Decrease administrative burden
- Reduce the complexity (number of component levels) compared to what was proposed in RCS-1

16

continued

MDS Section	PDPM	QMs-Short Stay	QRP-Short Stay	QMs-Long Stay	QRP-Long Stay	Survey Critical Pathways
A				✓	✓	✓
B	★	✓		✓		✓
C	★	✓				✓
D	★	✓		✓		✓
E		✓		✓		✓
F		✓				✓
G	★	✓	✓	✓		✓
GG	★	✓ ⚡	10/1/18 ⚡	✓	✓	✓
H	★	✓		✓		✓
I		✓		✓		✓
J		✓	✓	✓	✓	✓
K	★	✓		✓		✓
L						✓
M	★	✓	✓	✓		✓
N	★	✓	✓	✓		✓
O	★	✓	✓	✓		✓
P	★			✓		✓

17



Interim Payment Assessment (IPA)

- New assessment called an Interim Payment Assessment (IPA), which will be OPTIONAL
- Assessment Reference Date (ARD) for the IPA would be date the facility chooses to complete the IPA relative to the triggering event that causes facility to choose to complete
- Payment will begin on the same day as ARD based on IPA

19

MDS Key Areas for Assessment Accuracy

- | | |
|--------------|-------------|
| ▪ Section B | ▪ Section I |
| ▪ Section C | ▪ Section J |
| ▪ Section D | ▪ Section K |
| ▪ Section E | ▪ Section M |
| ▪ Section G | ▪ Section N |
| ▪ Section GG | ▪ Section O |
| ▪ Section H | |

20

continued

How does MDS Collect Data?

1. Review the documentation in the medical record for the 7-day look-back period.
2. Talking with direct care staff from each shift that has cared for the resident to learn what the resident does for himself during each episode of each ADL activity definition as well as the type and level of staff assistance provided.
3. Evaluating (differs from rehab "eval"; Note the MDS itself is a screening tool with further analysis for care areas identified) each component as listed in the ADL activity definition. For example, when evaluating Bed Mobility, determine the level of assistance required for moving the resident to and from a lying position, for turning the resident from side to side, and/or for positioning the resident in bed.
4. Asking probing questions, beginning with the general and proceeding to the more specific.

21

continued

How does Therapy Collect Data?

Screening (hands off) via chart review including nursing and MD notes, CNA charting and MDS information; resident reports and communication with IDT members to determine need for further evaluation.



Evaluation (in depth testing, analysis and use of standardized measures) to determine true root cause of breakdown in ADLs such as reduced strength, ROM, coordination (motor planning), balance disorder, cognitive breakdown.



Intervention which includes continued analysis of patients progress towards short term objectives and long term goals. Progress reports will reflect functional abilities related to targeted ADLs and Discharge Summary will reflect d/c status= Charting for MDS.

22

continued	
PT	<ul style="list-style-type: none"> PT ---all patients will be assigned to a case mix level 16 case mix levels based on clinical category (4) and functional level (Section GG items)
OT	<ul style="list-style-type: none"> OT-- all patients will be assigned to a case mix level 16 case mix levels based on clinical category (4) and functional level (Section GG items)
SLP	<ul style="list-style-type: none"> SLP—all patients will be assigned to a case mix level 12 case mix levels based on Presence of acute neuro condition, SLP related co-morbidity, or cognitive impairment & mechanically altered diet or swallowing disorder
Nursing	<ul style="list-style-type: none"> Nursing—all patients will be assigned to a case mix level 25 case mix levels based on clinical conditions, depression, # restorative services, function (section GG)
NTA	<ul style="list-style-type: none"> NTA—all patients will be assigned to a case mix level 6 case mix levels based on conditions
Non Case Mix	<ul style="list-style-type: none"> Non Case Mix:

23

continued

PDPM Proposed Rates

Rates below are multiplied times the Case Mix Indexes for each component area and then added together to determine daily rate

TABLE 12: FY 2019 PDPM Unadjusted Federal Rate Per Diem--Urban³

Rate Component	Nursing	NTA	PT	OT	SLP	Non-Case-Mix
Per Diem Amount	\$103.46	\$78.05	\$59.33	\$55.23	\$22.15	\$92.63

TABLE 13: FY 2019 PDPM Unadjusted Federal Rate Per Diem--Rural

Rate Component	Nursing	NTA	PT	OT	SLP	Non-Case-Mix
Per Diem Amount	\$98.83	\$74.56	\$67.63	\$62.11	\$27.90	\$94.34

24

24

PT and OT Components

25

PT Component Case Mix Groups are defined based on the clinical category (4) & functional score (Section GG)

Clinical Categories

Major Joint
Replacement/
Spinal
Surgery

Other
Ortho

Non Ortho
Surgery &
Acute
Neuro

Medical
Management



Functional Score

0-5

6-9

10-23

24



16 Case Mix
Groups

26

What Will CMS Monitor?

- Changes in payment that result from changes in the coding or classification of SNF patients vs. actual changes in case mix.
- Changes in the volume and intensity of therapy services provided to SNF residents under PDPM compared to RUG-IV.
- Compliance with the group and concurrent therapy limit.
- Any increases in the use of mechanically altered diet among the SNF population that may suggest that beneficiaries are being prescribed such a diet based on facility financial considerations, rather than for clinical need.
- Any potential consequences (e.g., overutilization) of using cognitive impairment as a payment classifier in the SLP component.
- Facilities whose beneficiaries experience inappropriate early discharge or provision of fewer services (e.g., due to the variable per-diem adjustment).
- Stroke and trauma patients, as well as those with chronic conditions, to identify any adverse trends from application of the variable per-diem adjustment.
- Use of the interrupted-stay policy to identify SNFs whose residents experience frequent readmission, particularly facilities where the readmissions occur just outside the 3-day window used as part of the interrupted-stay policy.

27



KEY MDS Areas: PT Component

- I8000 Clinical Category
- J2000 Surgical Procedure
- Section GG:
 - GG0130A1 Eating
 - GG0130B1 Oral Hygiene
 - GG0130C1 Toileting Hygiene
 - GG0170B1 Sit to Lying
 - GG0170C1 Lying to Sitting on Side of Bed
 - GG0170D1 Sit to Stand
 - GG0170E1 Chair/Bed-to-Chair
 - GG0170F1 Toilet Transfer
 - GG0170J1 Walk 50 Feet with Two Turns
 - GG0170K1 Walk 150 Feet

28

continued

Section GG Item		Score
GG0130A1	Self-care: Eating	0-4
GG0130B1	Self-care: Oral Hygiene	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0-4 (average of 2 items)
GG0170K1	Mobility: Walk 150 feet	

Missing information will score a "0". GG0170I1 (walk 10 feet) will be used to ID those who can't walk

29

continued

PDPM Function Score - Section GG-Based Function Scoring

Not attempted due to environmental concerns will be new scoring option as of 10/1/18 in Section GG and will be included as not attempted score 0

Points Assigned to Section GG Responses (Except Walking)	
Section GG Responses	Function Score
Independent	4
Set-up Assistance	4
Supervision or touching assistance	3
Partial/moderate assistance	2
Substantial/maximal assistance	1
Dependent	0
Refused	0
N/A	0
Not Attempted	0

Points Assigned to Section GG Responses (Walking Items)	
Section GG Responses	Function Score
Independent	4
Set-up Assistance	4
Supervision or touching assistance	3
Partial/moderate assistance	2
Substantial/maximal assistance	1
Dependent	0
Refused	0
N/A	0
Not Attempted, Resident Cannot Walk	0

30

continued

PT Component			
Clinical Category	Function Score	PT Case Mix Group	CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53
	6-9	TB	1.69
	10-23	TC	1.88
	24	TD	1.92
Other Orthopedic	0-5	TE	1.42
	6-9	TF	1.61
	10-23	TG	1.67
	24	TH	1.16
Medical Management	0-5	TI	1.13
	6-9	TJ	1.42
	10-23	TK	1.52
	24	TL	1.09
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27
	6-9	TN	1.48
	10-23	TO	1.55
	24	TP	1.08

31

OT Component			
Clinical Category	Function Score	OT Case Mix Group	CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.53
Other Orthopedic	0-5	TE	1.41
Other Orthopedic	6-9	TF	1.59
Other Orthopedic	10-23	TG	1.64
Other Orthopedic	24	TH	1.15
Medical Management	0-5	TI	1.17
Medical Management	6-9	TJ	1.44
Medical Management	10-23	TK	1.54
Medical Management	24	TL	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.09

32

continued

Variable Rate: 2% decrease every 7 days
after day 20

TABLE 30: Proposed Variable Per-diem Adjustment Factors and Schedule – PT and OT

Medicare Payment Days	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

33

continued

PDPM Function Score - Section GG-Based Function Scoring

Points Assigned to Section GG Responses
(Except Walking)

Section GG Responses	Function Score
Independent	4
Set-up Assistance	4
Supervision or touching assistance	3
Partial/moderate assistance	2
Substantial/maximal assistance	1
Dependent	0
Refused	0
N/A	0
Not Attempted	0

Points Assigned to Section GG
Responses (Walking Items)

Section GG Responses	Function Score
Independent	4
Set-up Assistance	4
Supervision or touching assistance	3
Partial/moderate assistance	2
Substantial/maximal assistance	1
Dependent	0
Refused	0
N/A	0
Not Attempted, Resident Cannot Walk	0

34

continued

continued[®]

SLP Component

35

continued[®]

SLP Bucket Case Mix Groups

Presence of acute neurologic,
Condition, SLP related
comorbidity, or cognitive
impairment

None
Any One
Any Two
All Three



Mechanically altered
Diet or swallowing
disorder

Neither
Either
Both



12 Case Mix
Groups

36

continued[®]



Key MDS Areas: ST Component

- Section K: Swallowing and Nutritional Status
 - K0100A Loss of liquids/solids from mouth when eating or drinking
 - K0100B Holding food in mouth/cheeks or residual food in mouth after meals
 - K0100C Coughing or choking during meals or when swallowing medications
 - K0100D Complaints of difficulty or pain with swallowing
 - K0100Z None of the above
 - K0510C2 Mechanically Altered Diet While a Resident
- Sections B & C: Cognition
 - BIMS
 - C0200 Repetition of three words
 - C0300 Temporal orientation
 - C0400 Recall
 - CFS
 - B0100 Coma and completely dependent or ADL did not occur
 - C1000 Severely impaired cognitive skills (C1000 = 3)
 - B0700, C0700, C1000 Two or more of the following: B0700 >0 Problem being understood; C0700 =1 STM problem; C1000>0 Cognitive skills problem AND one or more of the following: B0700 >=2 severe problem being understood; C1000 >=2 severe cognitive skills problem

37

Section: K → Swallow Phase

K0100A, loss of liquids/solids from mouth when eating or drinking.

Oral Prep (weak lips) or
Oral Phase (weak tongue)

K0100B, holding food in mouth/cheeks or residual food in mouth after meals

Oral Prep (weak lip seal) or
Oral Phase (decreased tongue ROM)

K0100C, coughing or choking during meals or when swallowing medications.

Oral Phase (base of tongue) or
Pharyngeal Phase

K0100D, complaints of difficulty or pain with swallowing.

Pharyngeal Phase or
Esophageal Phase (pain)

38



Key MDS Areas: ST Component

- Sections I & O: Clinical Category
 - I4300 Aphasia
 - I4500 CVA, TIA, Stroke
 - I4900 Hemiplegia or Hemiparesis
 - I5500 Traumatic Brain Injury
 - I8000 Laryngeal Cancer
 - I8000 Apraxia
 - I8000 Dysphagia
 - I8000 ALS
 - I8000 Oral Cancers
 - I8000 Speech & Language Deficits
 - O0100E2 Tracheostomy Care While a Resident
 - O0100F2 Ventilator or Respirator While a Resident

30

What Will CMS Monitor?

- Changes in payment that result from changes in the coding or classification of SNF patients vs. actual changes in case mix.
- Changes in the volume and intensity of therapy services provided to SNF residents under PDPM compared to RUG-IV.
- Compliance with the group and concurrent therapy limit.
- Any increases in the use of mechanically altered diet among the SNF population that may suggest that beneficiaries are being prescribed such a diet based on facility financial considerations, rather than for clinical need.
- Any potential consequences (e.g., overutilization) of using cognitive impairment as a payment classifier in the SLP component.
- Facilities whose beneficiaries experience inappropriate early discharge or provision of fewer services (e.g., due to the variable per-diem adjustment).
- Stroke and trauma patients, as well as those with chronic conditions, to identify any adverse trends from application of the variable per-diem adjustment.
- Use of the interrupted-stay policy to identify SNFs whose residents experience frequent readmission, particularly facilities where the readmissions occur just outside the 3-day window used as part of the interrupted-stay policy.

40

continued

**Comorbidities Included in
SLP Component**

Condition	ICD-10-CM Code	Description
ALS	G12.21	Amyotrophic lateral sclerosis
Apraxia	I69.990	Apraxia following unspecified cerebrovascular disease
Dysphagia	I69.991	Dysphagia following unspecified cerebrovascular disease
Laryngeal Cancer	C32.0	Malignant neoplasm of glottis
Laryngeal Cancer	C32.1	Malignant neoplasm of supraglottis
Laryngeal Cancer	C32.2	Malignant neoplasm of subglottis
Laryngeal Cancer	C32.3	Malignant neoplasm of laryngeal cartilage
Laryngeal Cancer	C32.8	Malignant neoplasm of other specified sites of larynx
Laryngeal Cancer	C32.9	Malignant neoplasm of larynx, unspecified
Oral Cancers	C00.0	Malignant neoplasm of external upper lip
Oral Cancers	C00.1	Malignant neoplasm of external lower lip
Oral Cancers	C00.3	Malignant neoplasm of upper lip, inner aspect
Oral Cancers	C00.4	Malignant neoplasm of lower lip, inner aspect
Oral Cancers	C00.5	Malignant neoplasm of lip, unspecified, inner aspect
Oral Cancers	C00.6	Malignant neoplasm of commissure of lip, unspecified
Oral Cancers	C00.8	Malignant neoplasm of overlapping sites of lip
Oral Cancers	C00.2	Malignant neoplasm of external lip, unspecified
Oral Cancers	C00.9	Malignant neoplasm of lip, unspecified
Oral Cancers	C01	Malignant neoplasm of base of tongue
Oral Cancers	C02.0	Malignant neoplasm of dorsal surface of tongue
Oral Cancers	C02.1	Malignant neoplasm of border of tongue
Oral Cancers	C02.2	Malignant neoplasm of ventral surface of tongue
Oral Cancers	C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
Oral Cancers	C02.8	Malignant neoplasm of overlapping sites of tongue

41

continued

Oral Cancers	C02.9	Malignant neoplasm of tongue, unspecified
Oral Cancers	C03.0	Malignant neoplasm of upper gum
Oral Cancers	C03.1	Malignant neoplasm of lower gum
Oral Cancers	C03.9	Malignant neoplasm of gum, unspecified
Oral Cancers	C03.9	Malignant neoplasm of gum, unspecified
Oral Cancers	C04.0	Malignant neoplasm of anterior floor of mouth
Oral Cancers	C04.1	Malignant neoplasm of lateral floor of mouth
Oral Cancers	C04.8	Malignant neoplasm of overlapping sites of floor of mouth
Oral Cancers	C04.9	Malignant neoplasm of floor of mouth, unspecified
Oral Cancers	C09.9	Malignant neoplasm of tonsil, unspecified
Oral Cancers	C09.8	Malignant neoplasm of overlapping sites of tonsil
Oral Cancers	C09.0	Malignant neoplasm of tonsillar fossa
Oral Cancers	C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
Oral Cancers	C10.0	Malignant neoplasm of vallecula
Oral Cancers	C10.1	Malignant neoplasm of anterior surface of epiglottis
Oral Cancers	C10.8	Malignant neoplasm of overlapping sites of oropharynx
Oral Cancers	C10.2	Malignant neoplasm of lateral wall of oropharynx
Oral Cancers	C10.3	Malignant neoplasm of posterior wall of oropharynx
Oral Cancers	C10.4	Malignant neoplasm of branchial cleft
Oral Cancers	C10.8	Malignant neoplasm of overlapping sites of oropharynx
Oral Cancers	C10.9	Malignant neoplasm of oropharynx, unspecified
Oral Cancers	C14.0	Malignant neoplasm of pharynx, unspecified
Oral Cancers	C14.2	Malignant neoplasm of Waldeyer's ring
Oral Cancers	C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
Oral Cancers	C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx

42

continued

continued

Oral Cancers	C06.0	Malignant neoplasm of cheek mucosa
Oral Cancers	C06.1	Malignant neoplasm of vestibule of mouth
Oral Cancers	C05.0	Malignant neoplasm of hard palate
Oral Cancers	C05.1	Malignant neoplasm of soft palate
Oral Cancers	C05.2	Malignant neoplasm of uvula
Oral Cancers	C05.9	Malignant neoplasm of palate, unspecified
Oral Cancers	C05.8	Malignant neoplasm of overlapping sites of palate
Oral Cancers	C06.2	Malignant neoplasm of retromolar area
Oral Cancers	C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
Oral Cancers	C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
Oral Cancers	C06.9	Malignant neoplasm of mouth, unspecified
Speech and Language Deficits	I69.928	Other speech and language deficits following unspecified cerebrovascular disease
Speech and Language Deficits	I69.920	Aphasia following unspecified cerebrovascular disease
Speech and Language Deficits	I69.921	Dysphasia following unspecified cerebrovascular disease
Speech and Language Deficits	I69.922	Dysarthria following unspecified cerebrovascular disease
Speech and Language Deficits	I69.923	Fluency disorder following unspecified cerebrovascular disease
Speech and Language Deficits	I69.928	Other speech and language deficits following unspecified cerebrovascular disease

43

continued

Cognitive Impairment*		
PDPM Cognitive Level	BIMS Score	Staff Assessment Score
1 - Cognitively Intact	13-15	0
2 - Mildly Impaired	8-12	1-2
3 - Moderately Impaired	0-7	3-4
4 - Severely Impaired	-	5-6

*Note: Residents are classified as cognitively impaired when they are assessed to be mildly, moderately, or severely impaired

44

continued

continued

SLP Component			
Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group	CMI
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.66
Any one	Neither	SD	1.46
Any one	Either	SE	2.33
Any one	Both	SF	2.97
Any two	Neither	SG	2.04
Any two	Either	SH	2.85
Any two	Both	SI	3.51
All three	Neither	SJ	2.98
All three	Either	SK	3.69
All three	Both	SL	4.19

45

continued

HIPPS Code

SLP	
Case Mix Group	HIPPS Code
SA	A
SB	B
SC	C
SD	D
SE	E
SF	F
SG	G
SH	H
SI	I
SJ	J
SK	K
SL	L

46

continued

Modes of Treatment

- Limits concurrent and group to no more than 25%, COMBINED, by discipline
- Will require completion of a discharge MDS to collect therapy minutes for compliance monitoring of 25% concurrent and group
- Utilization of group &/or concurrent must be based on needs of resident and must be well documented
- Non fatal warning edit on validation report if exceed threshold

47

What Will CMS Monitor?

- Changes in payment that result from changes in the coding or classification of SNF patients vs. actual changes in case mix.
- Changes in the volume and intensity of therapy services provided to SNF residents under PDPM compared to RUG-IV.
- Compliance with the group and concurrent therapy limit.
- Any increases in the use of mechanically altered diet among the SNF population that may suggest that beneficiaries are being prescribed such a diet based on facility financial considerations, rather than for clinical need.
- Any potential consequences (e.g., overutilization) of using cognitive impairment as a payment classifier in the SLP component.
- Facilities whose beneficiaries experience inappropriate early discharge or provision of fewer services (e.g., due to the variable per-diem adjustment).
- Stroke and trauma patients, as well as those with chronic conditions, to identify any adverse trends from application of the variable per-diem adjustment.
- Use of the interrupted-stay policy to identify SNFs whose residents experience frequent readmission, particularly facilities where the readmissions occur just outside the 3-day window used as part of the interrupted-stay policy.

48

Section O Additions

TABLE 35: Proposed Items to Add to SNF PPS Discharge Assessment

MDS Item Number	Item Name
O0400A5	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Therapy Start Date
O0400A6	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Therapy End Date
O0400A7	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Individual Minutes
O0400A8	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Concurrent Minutes
O0400A9	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Group Minutes
O0400A10	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Days
O0400B5	Special Treatments, Procedures and Programs: Occupational Therapy: Therapy Start Date
O0400B6	Special Treatments, Procedures and Programs: Occupational Therapy: Therapy End Date
O0400B7	Special Treatments, Procedures and Programs: Occupational Therapy: Total Individual Minutes
O0400B8	Special Treatments, Procedures and Programs: Occupational Therapy: Total Concurrent Minutes
O0400B9	Special Treatments, Procedures and Programs: Occupational Therapy: Total Group Minutes
O0400B10	Special Treatments, Procedures and Programs: Occupational Therapy: Total Days
O0400C5	Special Treatments, Procedures and Programs: Physical Therapy: Therapy Start Date
O0400C6	Special Treatments, Procedures and Programs: Physical Therapy: Therapy End Date
O0400C7	Special Treatments, Procedures and Programs: Physical Therapy: Total Individual Minutes
O0400C8	Special Treatments, Procedures and Programs: Physical Therapy: Total Concurrent Minutes
O0400C9	Special Treatments, Procedures and Programs: Physical Therapy: Total Group Minutes
O0400C10	Special Treatments, Procedures and Programs: Physical Therapy: Total Days

49

Nursing Component

50

52

continued

Differs from PT & OT: no walking

Section GG Item		ADL Score
GG0130A1	Self-care: Eating	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

53

continued

Points Assigned to Section GG Responses (All Items Except Walking and Oral Hygiene Items)

Section GG Responses	Function Score
Independent	4
Set-up Assistance	4
Supervision or touching assistance	3
Partial/moderate assistance	2
Substantial/maximal assistance	1
Dependent	0
Refused	0
N/A	0
Not Attempted	0

54

continued

Nursing Component		
PDPM Nursing RUG	Function Score	CMI
ES3	0-14	4.04
ES2	0-14	3.06
ES1	0-14	2.91
HDE2	0-5	2.39
HDE1	0-5	1.99
HBC2	6-14	2.23
HBC1	6-14	1.85
LDE2	0-5	2.07
LDE1	0-5	1.72
LBC2	6-14	1.71
LBC1	6-14	1.43
CDE2	0-5	1.86
CDE1	0-5	1.62
CBC2	6-14	1.54
CA2	15-16	1.08
CBC1	6-14	1.34
CA1	15-16	0.94
BAB2	11-16	1.04
BAB1	11-16	0.99
PDE2	0-5	1.57
PDE1	0-5	1.47
PBC2	6-14	1.21
PA2	15-16	0.70
PBC1	6-14	1.13
PA1	15-16	0.66

55

continued

Non Therapy Ancillary (NTA) Component

56

Non Therapy Ancillary

- HIV/AIDS
- Parenteral / IV feeding high intensity K0510A2, K0710A2
- IV medication O0100H2
- Ventilator or Respirator Post admit code O0100F2
- Parenteral / IV feeding low intensity K0510A2, K0710A2 & K0710B2
- Lung Transplant Status I8000
- Transfusion Post admit code O0100I2
- Major Organ Transplant Status, except lung I8000
- Multiple Sclerosis I5200
- Opportunistic Infections I8000
- Asthma, COPD, Chronic Lung Disease I6200
- Bone/Joint/Muscle Infections/Necrosis (except aseptic necrosis of bone) I8000

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	.96
0	NF	.72

8 points
7 points
5 points
4 points
3 points
2 points
1 point

57

Non Therapy Ancillary

- Chronic Myeloid Leukemia I8000
- Wound Infection I2500
- Diabetes Mellitus I2900
- Endocarditis I8000
- Immune disorders I8000
- End Stage Liver Disease I8000
- Diabetic foot ulcer M1040B
- Narcolepsy and Cataplexy I8000
- Cystic Fibrosis I8000
- Tracheostomy Care Post Admit Care O0100E2
- Multi drug resistant organism (MDRO) I1700
- Isolation Post Admit O0100M2
- Specified Hereditary Metabolic/Immune Disorders I8000

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	.96
0	NF	.72

8 points
7 points
5 points
4 points
3 points
2 points
1 point

58

continued

Non Therapy Ancillary

- Morbid Obesity I8000
- Radiation Post Admit O0100B2
- Highest Stage of Unhealed Pressure Ulcer Stage 4 M0300X1
- Psoriatic Arthropathy and Systemic Sclerosis I8000
- Chronic Pancreatitis I8000
- Proliferative Diabetic Retinopathy and Vitreous Hemorrhage I8000
- Foot infection code, other open lesion on foot code, except diabetic foot ulcer code M1040A, M1040B, M1040C
- Complications of Specified Implanted Device or Graft I8000
- Bladder and Bowel Appliances: Intermittent Catheterization H0100D
- Inflammatory Bowel Disease I8000
- Aseptic Necrosis of Bone I8000
- Suctioning Post Admit O0100D2

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	.96
0	NF	.72

8 points

7 points

5 points

4 points

3 points

2 points

1 point

59

continued

Non Therapy Ancillary

- Cardio Respiratory Failure and Shock I8000
- Myelodysplastic Syndromes and Myelofibrosis I8000
- Systemic Lupus Erythematosus, other connective tissue disorders and inflammatory spondylopathies I8000
- Diabetic retinopathy, except proliferative diabetic retinopathy and vitreous hemorrhage I8000
- Nutritional approaches while a resident: feeding tube K0510B2
- Severe skin burn or condition I8000
- Intractable epilepsy I8000
- Malnutrition Code I5600
- Disorders of Immunity, except RxCC97: Immune Disorders I8000
- Cirrhosis of Liver I8000
- Bladder and bowel appliances: ostomy H0100C
- Respiratory arrest I8000
- Pulmonary Fibrosis and other chronic lung disorders I8000

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	.96
0	NF	.72

8 points

7 points

5 points

4 points

3 points

2 points

1 point

60

Variable Rate

TABLE 31: Proposed Variable Per-diem Adjustment Factors and Schedule – NTA

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0

61

Interrupted Stay Policy

- If discharges and returns to SAME SNF by 12:00 on third day of interruption window, stay will be a continuation of previous stay for both classification and variable per diem adjustment schedule
- If absence exceeds 3-day interruption window or is readmitted to a DIFFERENT SNF, the readmission will be treated as a NEW stay, requiring a new 5 day assessment and variable per diem adjustment would reset to day 1
- Source of readmission not relevant, could be hospital, community, a different kind of facility

62